

COOPERATIVE MARKETING PROGRAM

*The mission of the Utah Cooperative Marketing Program is to leverage state and co-op partner funding to **attract out-of-state visitors** to increase tourism expenditures*

APPLICATION INSTRUCTIONS

Please review the Cooperative Marketing Guidelines before completing this application. Provide complete answers to all questions. Your finished Application packet will include:

1. The application cover page
2. Your narrative responses to the 16 questions
3. Project budget breakdown
4. Source of matching funds for applicant*
5. List of names, addresses and affiliations of current board members. If a board does not exist for your organization please provide a list of commissioners or council members.*
6. Provide the necessary financial documents to prove your financial solvency and ability to implement the project with or without co-op funding, i.e. financial audits, consolidated financial statements, income statements, balance sheets, etc.*
7. Copy of most recent IRS federal tax-exempt determination letter. This applies to all applicants.*
8. Letter(s) of project support*
9. Letter(s) of financial commitment for match*

**If you are submitting a joint application, the joint applicant must also provide the information requested in numbers 4-9 above.*

Twelve (12) copies of the application must be received by 4 pm on August 4, 2006 to the Utah Office of Tourism. (Information is preferred on double-sided copies). Applicants are encouraged to submit applications early, as this will allow staff more time to review the applications and notify the applicant if something is missing. **Applications that are incomplete after the deadline will not be considered for funding.**

Please send completed application to:

David Williams
Utah Office of Tourism - Co-op Marketing Program
Council Hall/Capitol Hill
300 North State Street
Salt Lake City, UT 84114
(801) 538-1900

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APPLICATION COVER PAGE

Primary Contact: _____

Name of Organization: _____

Joint Applicant (if applicable): _____

List any partner logos that will appear with the state logo: _____

Federal Tax Identification Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Organization Website: _____

Amount Requested: \$ _____

Authorization

We hereby certify that the facts, figures, and representations made in this application, including all attachments, are true and correct to the best of our knowledge.

Signature of Responsible Party	Printed Name	Date
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Signature of Responsible Party (joint applicant)	Printed Name	Date
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APPLICATION NARRATIVE QUESTIONS

We urge you to write clearly and succinctly. Please provide your responses in the order as listed below.

1. Co-op funds cannot be matched with other state dollars.
 - a. Identify the source of your matching funds.
 - b. List any state support you are currently receiving.
2. What will you be marketing / promoting?
3. Who is your target market, i.e. who are you trying to attract to your area?
4. How will you reach your target market? (Please check all that apply)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> E-mail campaign
<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Magazines	<input type="checkbox"/> Consumer shows
<input type="checkbox"/> Guides	<input type="checkbox"/> Trade Shows/conventions	<input type="checkbox"/> Billboards	<input type="checkbox"/> DVDs/CDs
<input type="checkbox"/> Website/Internet	<input type="checkbox"/> Pay-per-click	<input type="checkbox"/> Brochures	<input type="checkbox"/> Other:
5. In what geographic area(s) will you be marketing?
6. When will your marketing/promoting take place?
7. What is the date of your event (if applicable)?
8. What are the primary goals and objectives of your project?
9. Describe the need for co-op funding.
10. How will funding your co-op project increase out-of-state visitation?
11. What is the estimated increase of out-of-state visitors?
12. Describe your organizational structure (board, staff, members), including background, purpose, objectives and experience in the area for which funds are requested.*
13. What are the long-term benefits of this project? Describe how this project is included in your non-profit's, community's and/or your region's marketing plan.
14. Demonstrate how the project has the support and involvement of the community. List partners, sponsors, volunteers and their contributions.*
15. How will you measure the success of this project, in the short-term and in the long-term? What will be measured? What information will be collected? Preference will be given to measurables that will demonstrate increased expenditures in your area, i.e. visitor spending, number of room nights increased, number of out-of-state visitors, increase in Transient Room Tax, number of event tickets sold, etc. The number of hits on your website is not a measurement of economic success.
16. Have you received Utah Co-op funding before? If so, briefly describe the co-op project and the status of that project.

** If you are submitting a joint application, the joint applicant must also provide the information requested*